

**Opening Doors To Health Care
for
Immigrants and Refugees**

prepared by

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OFFICE OF HEALTH CARE ACCESS**

Chicago Department of Public Health



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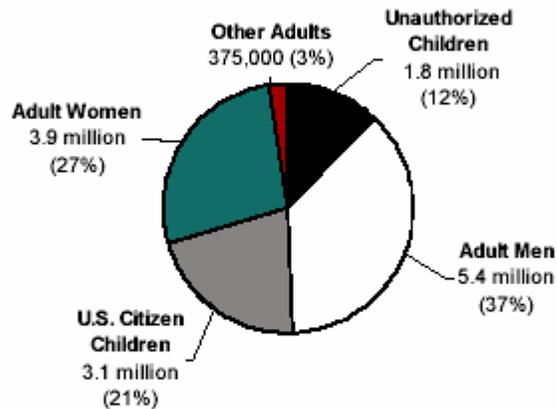


The People

- One international immigrant enters the country every 30 seconds
- 35.7 million foreign born in the United States in 2004
- 10.4 million are permanent residents
- 1.2 million are temporary residents
- 2.5 million are refugees
- 11.5-12 million are undocumented in March 2006
- Most arrived since 1990
- 81 percent of new immigrants are from Latin America
- Undocumented immigration exceeded legal immigration since 1995

Unauthorized Immigrants: A Family Portrait

About 14.6 million people are in families in which the head or spouse is an unauthorized immigrant. This figure includes 3.1 million children who are U.S.-born citizens.



Notes: Pew Hispanic Center tabulations of augmented March 2006 Current Population Survey, adjusted for omissions. An "unauthorized family" is one where the head or spouse is an unauthorized migrant. Families, as defined here, are basically nuclear families - couples, either married or unmarried, with children (if any). Unrelated single individuals are also treated as "family."

1

¹ Escobar, *The Complex Tapestry of the Undocumented Day Laborers Are Just One Strand*, Pew Hispanic Center, March 28, 2006, accessed March 29, 2006, and April 10, 2006.

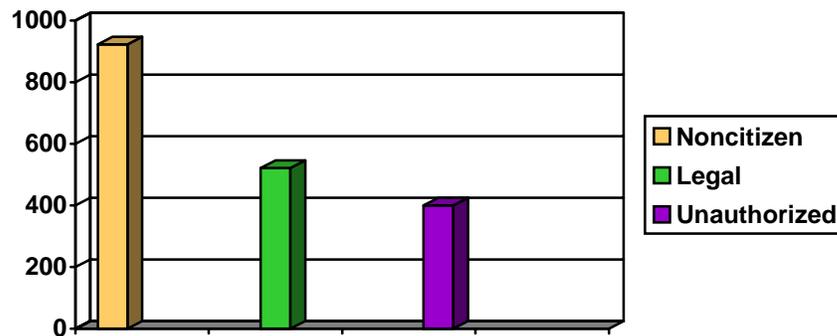


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The People in Illinois

- Chicagoland is 4th in the country as a destination for immigrants
- Illinois has the 5th largest number of immigrants
- Illinois is tied with Texas as having the second highest number [13 percent] of unauthorized immigrants in the country
- Immigration to Illinois peaked in 1999-2000
- Chicagoland has many mixed-status families with both citizen and immigrant members



Immigrants from 200 nations settled in Chicago over the past 30 years². Chicagoland is now the fourth most popular immigration destination in the nation, and Illinois is fifth in the nation in numbers of immigrant residents. There were 922,130 non-citizen residents in Illinois in 2003-2004.

Chicago's foreign-born population increased by 60 percent between 1990 and 2000³. Many new immigrants are from Latin America with more than 40 percent of Chicago's census tracts recently gaining significant numbers of Latino immigrants. At present, Chicago has the third largest Latino population among American cities with 753,644 Latino residents. Suburban Cook and the Collar Counties, which have become significant immigrant destinations, have seen an even more dramatic change. Now 39 percent, 650,000, of Chicagoland's Latino immigrants live in suburban ethnic clusters. More than half of these suburban Latino immigrants live in just 17 of Chicagoland's 264

² New York *Times*, as quoted in Grammenos, *Chicago: Immigrant Metropolis*, Association of American Geographers, March 2006, accessed March 28, 2006.

³ *No Consensus on Immigration Problem or Proposed Fixes America's Immigration Quandary*, The Pew Research Center for the People & The Press, March 30, 2006, accessed April 4, 2006.



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suburbs⁴. This year, for the first time, the number of Latino residents in Chicagoland exceeded the number of African American residents.

Chicagoland is also a major destination for many of the 11.5 to 12 million⁵ undocumented immigrants that reside in the country. Illinois was second only to California, and tied with Texas, with 13 percent of the undocumented immigrants calling Illinois home in 2000⁶. Half of the approximately 425,000⁷ undocumented immigrants that now live in Illinois are in Chicagoland.

The undocumented population has grown by approximately 500,000 each year between 2000 and 2005 with 78 percent of these new immigrants from Latin America. Mexicans comprise 56 percent, and 22 percent emigrated from Central America. Unauthorized immigrants from Mexico increased by 1.5 million, those from Central America by more than 465,000, and more than 375,000 emigrated from South and East Asia during this period⁸.

There were 1.8 million undocumented children living in the country in 2005. These children represent 16 percent of the undocumented population. Comprising the remaining 84 percent are adult men, 49 percent, and adult women, 35 percent. There were 6.6 million families with at least one undocumented spouse. These families contained 14.6 million people; 64 percent of children living in these families are native-born.

Mixed families are common. One of every five children in the United States was estimated to have at least one foreign-born parent in 2001⁹. Many families are a mix of documented and undocumented immigrants. Undocumented immigrants have 3.1 million children that are citizens¹⁰.

Immigrants, whether legal or undocumented, are more likely to be uninsured than native-born residents. In 2002 33 percent of the foreign born were without coverage¹¹. The rate of uninsurance for adult immigrants is significantly higher than that of native-born adult residents, 14 percent versus 25 percent, respectively. The rate for

⁴ Grammenos, March 2006, *ibid*.

⁵ Passel, *The Size and Characteristics of the Unauthorized Migrant Population in the U. S. Estimates Based on the March 2005 Current Population Survey*, Pew Hispanic Center, March 7, 2006, accessed March 28, 2006.

⁶ Passel, Van Hook, and Bean, *Estimates of the Legal and Unauthorized Foreign-born Population for the United States and Selected States, Based on Census 2000*, June 1, 2004, accessed March 23, 2006.

⁷ *Estimates of the Unauthorized Migrant Population for States Based on the March 2005 CPS*, Pew Hispanic Center, April 26, 2006, accessed April 26, 2006.

⁸ Passel, March 7, 2005, *ibid*.

⁹ *Health Insurance Coverage of the Foreign Born in the United States: Numbers and Trends*, *ibid*.

¹⁰ *Recently Arrived Migrants and the Congressional Debate on Immigration*, Pew Hispanic Center, April 5, 2006, accessed April 10, 2006.

¹¹ *Health Insurance Coverage of the Foreign Born in the United States: Numbers and Trends*, The Migration Policy Institute, Immigration Facts, June 2004, No. 8, accessed March 23, 2006.



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undocumented adult immigrants is startlingly high. More than half, 59 percent, are uninsured.

Lack of health care coverage has been found to be associated with lower use of preventive health care and to higher incidence of acute and chronic health problems.

The majority of the uninsured in Illinois are people that work or live in families that have at least one worker¹². Foreign born workers accounted for more than half of the growth of the labor force over the past ten years¹³. Immigrants comprised ten percent of Illinois' workforce in 1990¹⁴. Immigrants contributed 93.8 percent of the workers to grow the Chicagoland economy from 1990 to 2000¹⁵.

High rates of uninsurance for immigrants are attributable to a number of reasons. Many workers are unemployed for all or part of the year. More than 25 percent of the immigrant work force are seasonal or part-time workers. Immigrants comprised 20 percent of low-wage workers in 2001¹⁶.

Immigrant workers are much more likely to be low-income than their citizen counterparts¹⁷. The average weekly earnings for unauthorized male workers that arrived between 2000 and 2001 were about \$480 in 2005. Those who arrived before 2000 averaged \$100 more. Unauthorized female workers averaged less than their male counterparts. This contrasts with the \$700 average weekly earnings of legal permanent immigrants and with the \$930 average weekly earnings of naturalized citizens¹⁸. These workers are less likely to receive employer health care coverage or to lack the resources necessary to purchase coverage when they do have the option.

Children living in low-income immigrant families, whether immigrant children or native-born children living with an immigrant parent, are much more likely to be uninsured than native-born children with citizen parents. One of every four children living in low-income families is uninsured¹⁹. In Illinois 257,430 children, 52 percent of children living in low-

¹² *Real People Real Stories A Summary of Illinois' Uninsured Population*, Gilead Outreach & Referral Center, March 2006, Accessed March 23, 2006.

¹³ *The Role of Immigrants in the U. S. Labor Market* [November 2005], Congressional Budget Office, cited in *Projections of Net Migration to the United States*, Congressional Budget Office, June 2006, accessed June 7, 2006.

¹⁴ Lewis and Paral, *A Profile of Immigrants in the Illinois Workforce*, Illinois Immigrant Policy Project, October 11, 2001, accessed March 20, 2006.

¹⁵ Paral and Norkewicz, *The Metro Chicago Immigration Fact Book*, June 2003, accessed March 20, 2006.

¹⁶ Capps, Fix, Henderson, and Reardon-Anderson, *A Profile of Low-Income Working Immigrant Families*, New Federalism National Survey of America's Families, Series B, No. B-67, The Urban Institute, June 2005, accessed March 28, 2006.

¹⁷ Fix, Zimmermann, and Passel, *The Integration of Immigrant Families in the United States*, The Urban Institute, 2002, accessed March 28, 2006.

¹⁸ *The Labor Force Status of Short-Term Unauthorized Workers*, Pew Hispanic Center, April 13, 2006, accessed April 13, 2006.

¹⁹ *Children of Immigrants A Statistical Profile*, National Center for Children in Poverty, Columbia University, Mailman School of Public Health, accessed March 23, 2006.



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income families, were children of immigrant parents²⁰. Rates of uninsurance for the children of these parents are high: 25 percent for children of legal immigrants and 53 percent for children of undocumented immigrants.

²⁰ *Illinois – Demographics of Low-Income Children*, National Center for Children in Poverty, Columbia University, Mailman School of Public Health, accessed March 23, 2006.



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Barriers to Care



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Barriers to Care

Immigrants face multiple barriers to care and experience poorer access to health services than do native-born citizens and, although more than three-quarters of children in immigrant families are native-born, their access to care may be affected by their parents' status²¹.

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 [PRWORA], also known as the welfare reform act, treats new legal immigrants differently from citizens and immigrants that have established longer residency in the country. PRWORA bars most legal immigrants from receiving federally funded health care coverage for five years after they have established residency. Under the law, with certain exceptions, immigrants arriving in the country after August 1996 are ineligible for federally funded comprehensive Medicaid health care coverage until they have completed five years of residency.

Children through age 18 in Illinois, regardless of immigration status, are eligible for comprehensive state-funded All Kids health care coverage beginning July 1, 2006.

All immigrants continue to be eligible for Medicaid emergency services. Prenatal, delivery, and postnatal services are considered emergency services.

Fear and confusion about immigration regulations create barriers to enrollment even for immigrants who are eligible for federally- or state-funded health care coverage such as Medicaid, FamilyCare, and All Kids benefits. Many immigrants express concern taking public benefits because they incorrectly believe that doing so will make them ineligible for permanent residency and citizenship. These fears remain despite Department of Justice clarification stating that federal or state health care coverage will not be used in public charge determinations. A summary of the clarification is included in the Appendices.

The State of Illinois is not required to report data on immigrants receiving health care coverage to the Departments of Justice or Homeland Security.

People with limited English proficiency are even more likely to have limited health literacy. They use preventive services less, experience delayed diagnoses, are less likely to adhere to medical regimens, have higher hospitalization rates, experience poor patient outcomes, and often don't understand how their behavior affects their health²².

²¹ Capps, Fix, Henderson, and Reardon-Anderson, June 2005, *ibid*.

²² As identified in Wolf, Gazmararian, and Baker, *Health Literacy and Functional Health Status Among Older Adults*, *Arch Intern, Med*, V 175, September 26, 2005, accessed September 28, 2005.



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Fully 48 percent of adults lack skills to understand and act on health information²³.

Linguistic and immigration barriers especially affect the health status of children. Research shows that over 70 percent of children in non-citizen Spanish-speaking families were uninsured. This compares with 26 percent of children in Latino citizen families who speak English²⁴.

Nearly 35 percent of the population of Chicago speak a language other than English at home²⁵. There are 132 languages spoken by students in Illinois. Chicagoland is home to 92.8 percent of the 157,146 Illinois students enrolled in bilingual education programs in 2004. More than 71,000 children in Chicago speak a language other than English at home²⁶.

Guidance in 2000 from the U.S. Department of Health and Human Services²⁷ requires that entities receiving federal funds, including Medicaid, All Kids, FamilyCare, many hospitals, and community and rural health centers, provide assistance for persons with limited English proficiency [LEP]. Although 14 states have a mechanism for reimbursing for language services provided to state program enrollees, Illinois has chosen not to do so.

Hospitals, community health centers, rural health centers, physicians, and other medical providers have an obligation to provide translation services to their patients with limited English proficiency. Many have staff members that can provide translation services; others have contracts with agencies that will provide translation.

Thirty-seven percent of low-income non-citizens reported not having a usual source of care compared to 19 percent of low-income native citizens. Although non-citizens were less likely to go to emergency rooms than native-born, emergency department expenditures for immigrant children were three times greater than those for native-born children²⁸.

²³ *Health Literacy: A Prescription to End Confusion*, Institute of Medicine, March 2004.

²⁴ *Immigrants' Health Care Coverage and Access*, Kaiser Commission on Medicaid and the Uninsured, August 2003, accessed April 5, 2006.

²⁵ *2004 American Community Survey, American Fact Finder*, United States Census Bureau, accessed March 21, 2006.

²⁶ *Illinois Bilingual Education Programs 2004 Evaluation Report*, Illinois Board of Education, August 2005, accessed September 21, 2005.

²⁷ *Executive Order 13166 [Improving Access to Services for Persons with Limited English Proficiency]*, United States Department of Justice, August 30, 2000.

²⁸ *Pittsburgh Post-Gazette*, July 26, 2005, accessed July 27, 2005.



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Health Care



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Health Care

- Immigrants spend 55 percent less than native-born residents
- Immigrants are more likely to be low income
- 35% of immigrant children are Medicaid-eligible, 42% in destination states like Illinois, 47% among new immigrants
- 14.5% low-income non-citizens have Medicaid
- 26.5% low-income non-citizens have private insurance
- 58.9% low-income non-citizens are uninsured

The health of immigrants affects the public health of all Americans.

Chicagoland has a long history of providing “safety net” health services to uninsured immigrants. Among those providing safety net health services to immigrants in Chicago are the Chicago Department of Public Health, Cook County, and community health centers.

Health care consumers contribute, on a sliding fee scale, toward the cost of the safety net health care services they receive. The rest of the cost for safety net services is funded through a variety of public and private sources: Medicaid, Medicare, federal grants to community health centers [Federally Qualified Health Centers], cost shifting by health care providers, and federal, state, county, and city taxes.

Although 64 percent of Chicagoland’s residents recently surveyed believe that recent immigrants have not had an effect on government services, 60 percent are not in favor of providing social services to undocumented immigrants²⁹.

Health care expenditures for immigrants are about 55 percent less than those of native-born residents, \$1,139 compared with \$2,546, in 1998³⁰. Ethnic groups vary in the magnitude of difference, but expenditures are less for immigrants than for native-born residents in each group. Black immigrants spent 41 percent, Latino immigrants spent 51 percent, and white immigrants spent 56 percent as much as their native-born counterparts³¹.

²⁹ *No Consensus on Immigration Problem or Proposed Fixes America’s Immigration Quandary*, *ibid.*

³⁰ *American Journal of Public Health*, July 25, 2005.

³¹ *Washington Post*, July 26, 2005.



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Immigrants spent \$2.8 billion out of pocket for health care in 1998. The remainder of the \$39.5 billion in immigrant health care expenditures was divided between private and public coverage, \$25 billion and \$11.7 billion, respectively.³²

Health expenditures for immigrant children exhibit an even greater disparity. Expenditures for immigrant children are 74 percent less than those of native-born children. Immigrant children received 70 percent less care in physician offices and 72 percent fewer medicines.

While only ten percent of native-born residents were uninsured in 1998, nearly 25 percent of immigrants lacked health care coverage.

Low-income non-citizens are more than twice as likely to be uninsured as low-income citizens.

Of the estimated 11 million low-income non-citizens in the United States in 2005, 60 percent had no health insurance. By contrast, about 28 percent of low-income citizens were uninsured at that time.

Only 13 percent of non-citizens received Medicaid in 2001 contrasted with 30 percent of citizens.

In Illinois, 42 percent of immigrant children are Medicaid-eligible. Nearly 15 percent of low-income non-citizens in Illinois have Medicaid. More than 26 percent of low-income non-citizens in Illinois have private insurance. The rest, 59 percent, are uninsured.

³² Carrasquillo, Olveen. *American Journal of Public Health*, July 25, 2005.



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The Programs



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Emergency Medicaid

- All immigrants are eligible
- Prenatal, delivery, and postnatal services are covered
- Coverage for the emergency only
- Coverage does not include follow-up care once the emergency is resolved
- No immigration status barriers
- Income to 100 percent FPL for adults
- Income to 133 percent FPL for children

All immigrants, regardless of immigration status, are eligible for Medicaid coverage for all health emergencies.

Pregnancy is considered an emergency medical condition, so prenatal, delivery, and postpartum services for pregnant immigrants are covered.

Federal law prohibits payment for care and services related to an organ transplant procedure for persons receiving emergency medical care.

Legal immigrants are allowed to receive federally- or state-funded health care benefits, and enrolling will not be determined a public charge and should not affect permanent residency or citizenship applications. A summary of the Department of Justice clarification is included in the Appendices.

The State of Illinois is not required to report data on immigrants receiving health care coverage to the Departments of Justice or Homeland Security.

A copy of the Illinois Departments of Healthcare and Family Services [HFS] and Human Services [IDHS] Policy on Emergency Medical for Ineligible Citizens [PM 06-05-00] is included in the Appendices. All HFS and IDHS policies and other helpful links are available online at www.dhs.state.il.us/ts/cfsmm/.



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Healthy Start/Medicaid Presumptive Eligibility [MPE] Moms and Babies

- Pregnant woman
- Immediate coverage by MPE
- Continuing coverage by Moms and Babies
- Prenatal, delivery, and postpartum coverage
- Coverage for child from birth to age 1
- No immigration status barriers
- Income to 200 percent FPL

All pregnant women, regardless of immigration status, are eligible for health care coverage for prenatal care, the delivery, and postpartum coverage for 60 days after the end of the pregnancy. Infants born to women covered by these programs receive health care coverage from birth to their first birthday. Infants, because they are citizens, remain eligible for health care coverage for as long as their parents meet all non-immigration eligibility requirements.

To qualify for coverage, women must have a provider-verified pregnancy, be an Illinois resident, and have a family income of no more than 200 percent of the Federal Poverty Level [FPL]. Changes to income during the coverage do not affect coverage. There are no asset limits.

Pregnant women are not asked to provide a social security number or to document immigration status. They are eligible for coverage even when other members of the family are ineligible for coverage due to immigration status.

Immigrants applying for Healthy Start/MPE may apply for ongoing coverage through Moms and Babies. They will receive 90 days of Healthy Start/MPE coverage starting on the date of application for ongoing benefits with continuing coverage through Moms and Babies.

Immigrants that do not apply for ongoing benefits receive Healthy Start/MPE coverage for the rest of the month of application and all of the following month. The last day of coverage is the last day of the month following the month of the application.

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A copy of the Illinois Departments of Healthcare and Family Services [HFS] and Human Services [IDHS] Policy on Medicaid Presumptive Eligibility [PM 06-10-00] and on Pregnant Women and Newborns/Moms and Babies [PM 06-09-00] are included in the Appendices. All HFS and IDHS policies and other helpful links are available online at www.dhs.state.il.us/ts/cfsmm/.



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Healthy Women

- Women 19-44 years
- Birth planning and reproductive health care
- Automatic coverage after losing Medicaid, All Kids, Moms and Babies, or FamilyCare
- Three months initial coverage
- Continuing coverage with application for Healthy Women
- Immigrants meeting federal immigration status requirements are eligible

Illinois Healthy Women is a voluntary birth planning and reproductive health care program for women 19 through 44 years.

There is no application for Illinois Healthy Women. Immigrant women that lose coverage and meet federal immigration status requirements are eligible. Women who are enrolled in Medicaid, All Kids, Moms and Babies, or FamilyCare coverage will be automatically enrolled in Illinois Healthy Women and receive a pink card by mail.

Family planning services are free and confidential. Illinois Healthy Women covered services include:

- Physical exam and health history for family planning purposes.
- Office visits related to family planning.
- Pap smears, at least annually, or as medically indicated.
- Necessary family planning or women's health related lab and diagnostic tests.
- Birth control drugs and devices including the inserting, implanting, or injecting of a birth control drug, and removing a birth control device.
- Sterilization services.
- Testing for sexually transmitted infections, including HIV, diagnosed during a family planning visit.
- Treatment for sexually transmitted infections, except HIV, diagnosed during a family planning visit; HIV/AIDS treatment is covered through other programs.
- Mammograms as medically indicated.
- Generic prenatal vitamins or generic multivitamins with folic acid.

Illinois Healthy Women enrollees may be required to pay a small copay for brand name vitamins or other medications ordered by a provider.

Information on Illinois Healthy Women is available at www.illinoishealthywomen.com.



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The State of Illinois is not required to report data on immigrants receiving health care coverage to the Departments of Justice or Homeland Security.

A copy of the Illinois Departments of Healthcare and Family Services [HFS] and Human Services [IDHS] Memorandum on Illinois Healthy Women is included in the Appendices. All HFS and IDHS policies and other helpful links are available online at www.dhs.state.il.us/ts/cfsmm/.

Women that are not eligible for Illinois Healthy Women, including those ineligible due to immigration status, may receive confidential and free or low cost family planning services at Chicago Department of Public Health and other community health centers throughout Chicagoland. These community health centers are listed in the Health Provider section. The Illinois Department of Human Services Helpline, 800.323.4769, will refer women to family planning programs in their communities.



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Illinois Breast and Cervical Cancer Program

- Female residents of Illinois
- Uninsured
- Between 35 to 64 years of age
- Income to 250 percent FPL
- Not eligible for Medicaid
- Younger, symptomatic women are considered for the program on a case by case basis if they are uninsured and meet the financial guidelines
- Immigrant women meeting federal immigration status requirements are eligible for screening, diagnostic testing, and treatment through Medicaid
- Immigrant women that do not meet federal immigration status requirements are eligible for screening and diagnostic testing

The Illinois Breast and Cervical Cancer Program [IBCCP] offers free mammograms, breast exams, pelvic exams, and Pap tests to eligible low- income, uninsured women in Illinois. IBCCP funds breast and cervical cancer screening and referrals to providers for cancer treatment.

All female residents of Illinois, regardless of immigration status, that are between the ages of 35 and 64, are uninsured, and have family income of no more than 250 percent FPL are eligible for exams, mammograms, Pap tests, and diagnostic testing. There is no cost to eligible women for screening and referrals.

Women enrolled in the IBCCP that meet federal immigration status requirements and are diagnosed with cancer through the program's screenings and tests are eligible to receive treatment benefits through Medicaid. There is no cost to eligible women for screening, referrals, or treatment.

Women that have already been diagnosed with breast or cervical cancer are not eligible for this program.

Information about the program, enrollment, detailed financial guidelines, and screening and diagnostic centers are available at the program website at

www.idph.state.il.us/about/womenshealth/owh.htm. Information is also available in English and Spanish through the Women's Health-Line at 888.522.1282 or TTY 800.547.0466 and on the Governor's website at www.cancerscreening.illinois.gov and



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Screening and diagnostic centers in Chicagoland are:

Chicago Department of Public Health

333 South State Street
Chicago, Illinois 60608
312.747.9747 voice
312.747.9716 fax
Serving the City of Chicago

Mercy Hospital and Medical Center

2525 S Michigan Ave
Chicago, IL 60616
773.567.2000
Serving the City of Chicago

Access Community Health Network

1501 South California
Chicago, Illinois 60608
773.257.2573
Serving the City of Chicago and Cook County

Cook County Department of Public Health

1701 South First Avenue, Suite 1200
Maywood, Illinois 60153
708.492.2114
Serving all of Cook County

Legal immigrants are allowed to receive federally- or state-funded health care benefits, and enrolling will not be determined a public charge and should not affect permanent residency or citizenship applications. A summary of the Department of Justice clarification is included in the Appendices.

The State of Illinois is not required to report data on immigrants receiving health care coverage to the Departments of Justice or Homeland Security.



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I-Save Rx

- Purchase prescription drugs at lower cost by mail order from Canada, Great Britain, Ireland, Australia
- Purchase over-the-counter drugs from New Zealand
- Illinois residency or residency in one of the partner states of Wisconsin, Kansas, Missouri, or Vermont
- No income limit
- No immigration status requirements

I-SaveRx is a program that permits all residents of Illinois or one of the participating states to purchase refills of prescription and over-the-counter medications that they need.

There are no immigration status requirements or income limits for I-Save Rx. All residents that live in Illinois or one of the participating states, regardless of immigration status, are eligible for I-Save Rx.

All medications ordered through I-Save Rx are shipped, at the consumer's choice, from Canada, Great Britain, Ireland, Australia, or New Zealand.

I-SaveRx only works with those licensed to sell pharmaceuticals. I-SaveRx pharmacies in other countries follow the same standards and procedures used by Illinois pharmacies. Participating pharmacies are inspected and approved by the state regulatory agencies in their countries.

I-SaveRx operates under a stringent system of quality controls and multiple safety checks. Regulations in the countries participating in I-Save Rx may be stricter than those in this country. I-SaveRx pharmacies dispense individually packed medications, known as blister packs that may be safer than packaging methods used in this country.

I-SaveRx includes commonly used branded medications for:

- Respiratory conditions
- Contraception
- Depression
- Arthritis
- Diabetes
- Heart Conditions
- Breast Cancer



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- and other conditions.

I-Save Rx does not cover most generic drugs because generic drugs are cheaper in this country than in the participating countries.

Information on I-Save Rx is available in English and Spanish. Consumers may check whether their medications are available through I-Save Rx by calling the toll free number 866-I-Save33 [472-8333] or by checking on the I-Save Rx website at www.i-saverx.net. Consumers can compare the price of available drugs in each country with the average price for the drugs in this country. Estimated I-Save Rx savings range from 25 percent to 80 percent depending on drugs.

Consumers may either enroll by phone at 866-I-Save33 [472.8333] or complete an enrollment form and mail or fax it to I-Save Rx. The application for I-Save Rx is available on the I-Save Rx website at www.i-saverx.net.

Once consumers are enrolled in I-Save Rx, they may begin ordering medications by calling 866-I-Save33 [472-8333]. I-SaveRx representatives are available 24 hours a day, 7 days a week.

Consumers participating in I-Save Rx are asked to have their doctors review health information and current prescriptions. The doctor will write a 3-month refill prescription for the current medication that will be ordered through I-SaveRx. Each prescription should be written for a 3-month supply of the medication with three refills. Consumers may only refill prescriptions for current medications they take; no first time prescriptions for new medications may be filled through I-Save Rx.

Consumers complete the I-Save Rx Medical History Form and list all prescription, non-prescription, over-the-counter medications, herbal, nutritional, and vitamin supplements taken. The forms and 3-month prescriptions may be sent to I-SaveRx by mail or fax. The mailing address is: I-SaveRx, P.O. Box 44650, Detroit, MI, 48244-0650. The forms and prescriptions may be faxed to 866.715.6337.

An I-SaveRx representative will contact the consumer by phone to review the order, confirm information, and make payment arrangements. In addition to the cost of medications, consumers pay a \$15 shipping fee for each order placed in a different country.

Consumers may not use insurance to pay for medications ordered from I-Save Rx. Payment may be made by certified check, money order, Visa, or MasterCard.

I-SaveRx will verify that medications ordered are eligible for dispensing under the program. They will conduct drug interaction and drug appropriateness safety checks and review the consumer's condition and diagnosis.



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The prescriptions and patient information will be forwarded to the I-Save Rx participating physician, licensed in the country that will dispense the medications, for review and rewriting. If necessary, the I-Save Rx participating physician will contact the consumer's Illinois physician to discuss any questions or concerns. The I-Save participating physician will then review the prescriptions and, when deemed appropriate, issue a new prescription for the same medication prescribed by the physician in Illinois.

The prescriptions are then sent to an I-SaveRx network pharmacy in the participating country. The dispensing pharmacist will conduct another set of safety checks in compliance with local law and dispense the medications.

Medications will be delivered by mail directly from the participating pharmacy in Canada, Great Britain, Ireland, Australia, or New Zealand about 20 days after payment is received.

I-Save Rx will contact each consumer 30 days before the date of the next 3-month refill to update the consumer health profile and confirm approval for shipment of the next refill.

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The State of Illinois is not required to report data on immigrants receiving health care coverage to the Departments of Justice or Homeland Security.



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Illinois Rx Buying Club

- Discounts on prescription drugs
- Purchase drugs at local pharmacies
- Illinois residency
- Income to 300 percent FPL
- No immigration status requirement

The Illinois Rx Buying Club is a program that provides discounts on prescription medications at participating pharmacies. Illinois Rx Buying Club cannot be combined with any other discount card or prescription drug coverage.

There are no immigration status restrictions on membership. Those covered by Medicare Part D prescription drug coverage cannot participate in the Illinois Rx Buying Club. The program is open to all other Illinois residents with family income at or below 300 percent FPL.

There are participating pharmacies that cover 90 percent of Illinois. These include chain pharmacies, supermarket-based pharmacies, pharmacies in super stores, and many independent pharmacies.

The preferred drug list contains more than 200 commonly prescribed medications. The preferred drug list and price information are available online at www.illinoisrxbuyingclub.com.

There is \$10 non-refundable, annual administrative fee. The fee is payable on application. Checks, money orders, or Discover, MasterCard, and VISA credit cards may be used to pay the fee.

Illinois Rx Buying Club applications are available online at www.illinoisrxbuyingclub.com or through Illinois Rx Buying Club Member Services at their toll free numbers, 866-215-3462 and [TTY] 866-215-3479.

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Illinois Cares Rx

- Coverage for prescription drugs through *Basic* and *Plus* plans
- Replaces Circuit Breaker/Pharmaceutical Assistance and SeniorCare programs with benefits identical to earlier programs
- Pays premium and deductible and provides wraparound coverage during the “donut hole” [coverage gap] for Medicare beneficiaries enrolled in Medicare
- Medicare beneficiaries must enroll in Medicare Prescription Drug Coverage [Part D] and apply for “extra help” from Social Security to qualify
- Illinois residency
- Open enrollment
- No immigration status requirements for Illinois Cares Rx *Basic*
- Federal immigration status requirements apply to those 65 and older applying for Illinois Cares Rx *Plus*
- Income to 200 percent FPL for Illinois Care Rx *Plus*
- Income to \$21,218 for individuals and \$28,480 for couples for Illinois Care Rx *Basic*

Illinois Cares Rx provides prescription drug coverage for people 65 or older and people 16 or older with disabilities. Illinois Cares Rx *Basic* replaces the Circuit Breaker/Pharmaceutical Assistance program and Illinois Cares Rx *Plus* replaces the SeniorCare program. Illinois Cares Rx *Basic* and *Plus* each have their own list of covered drugs [formulary].

Illinois Cares Rx *Basic* provides prescription drug coverage for people 65 or older and people 16 or older with disabilities whose family income is no more than 200 percent FPL.

- Illinois Cares Rx *Basic* has no immigration status requirements. Illinois Cares Rx *Basic* covers prescription drugs that treat 10 common diseases or conditions: Alzheimer’s disease; arthritis; cancer; diabetes [including insulin and the syringes and needles used to administer insulin]; glaucoma; cardiovascular disease; lung disease and smoking-related illnesses; osteoporosis; Parkinson’s disease; and multiple sclerosis.

Illinois Cares Rx *Plus* provides prescription drug coverage for people 65 or older and people 16 or older with disabilities whose family income is no more than \$21,218 for individuals and \$28,480 for couples in 2006.

- Federal immigration status requirements apply to those 65 and older applying for Illinois Cares Rx *Plus*. Illinois Cares Rx *Plus* covers almost all prescription drugs.



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Illinois Cares Rx will help pay drug costs for Medicare beneficiaries enrolled in a Medicare Part D prescription drug plan that coordinates with Illinois Cares Rx when the Medicare Part D plan will not pay. Illinois Cares Rx *Plus* will pay for drugs, including narcotics and benzodiazepines, that are excluded from Medicare coverage by law.

The two coordinating stand-alone plans for 2006 are PacifiCare Saver Plan and AARP Medicare Rx. Coordinating Medicare Advantage plans for 2006 in Cook County are WellCare Choice and WellCare Select. Medicare Advantage plans for other Illinois counties are accessible on the Illinois Cares Rx website at www.illinoiscaresrx.com. Coordinating plans for 2007 will be announced in October 2006.

Illinois Cares Rx will pay the premium for a Medicare Part D prescription drug plan that offers standard, not enhanced, coverage and that has a premium at or below the regional average [\$31.60 in 2006 or \$27.35 in 2007]. Illinois Cares Rx pays during the coordinating Medicare Part D prescription drug plan's deductible period and the "donut hole" coverage gap. Those Medicare beneficiaries with private, non-Medicare drug coverage may choose to enroll in the Illinois Cares Rx \$25 monthly premium rebate program.

Medicare beneficiaries that choose a Medicare Part D prescription drug plan that does not coordinate with Illinois Cares Rx will not get full Illinois Cares Rx benefits.

Medicare beneficiaries that missed the May 15, 2006, deadline to enroll in a Medicare Part D prescription drug plan will have the costs of prescription drugs through 2006 covered by Illinois Cares Rx only if they are on the program's formulary.

Illinois Cares Rx enrollees pay a copay of no more than \$5 for most prescriptions filled. Some non-preferred drugs have a \$15 copay.

- Non-Medicare program enrollees pay 20 percent of the cost of each prescription, in addition to the co-pay, once Illinois Cares Rx has paid \$1,750 in benefits.
- Medicare program enrollees pay 20 percent of the cost of each prescription, in addition to the co-pay, once Illinois Cares Rx has paid \$2,250 in benefits.

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Refugee Resettlement Program

- Current or former parolee, refugee, asylee
- Amerasian refugee from Vietnam under Orderly Departure Program after March 20, 1988
- Cuban or Haitian refugee on Form 1-94 after April 21, 1980
- Trafficking victim under the Office of Refugee Resettlement
- Cash assistance
- Provides comprehensive health services for eight months

The Refugee Resettlement Program is for refugees that do not meet the requirements for Temporary Assistance for Needy Families [TANF] or Assistance to the Aged, Blind or Disabled [AABD].

The following refugees qualify for assistance under the Refugee Resettlement Program:

- persons admitted to the country as refugees, asylees, or conditional entrants;
- resident non-citizens who were formerly refugees;
- Amerasian immigrants from Vietnam;
- nationals of Cuba or Haiti;
- members of the Hmong or Highland Laotian tribes when the tribe helped U.S. personnel by taking part in a military or rescue operation during the Vietnam era;
- American Indians born in Canada;
- persons identified as victims of trafficking by the federal Office of Refugee Resettlement; and
- persons who are a spouse, widow, or child of a U.S. citizen or legal permanent resident who have been battered or subjected to extreme cruelty by the U.S. citizen or legal permanent resident.

Legal immigrants are allowed to receive federally- or state-funded health care benefits, and enrolling will not be determined a public charge and should not affect permanent residency or citizenship applications. A summary of the Department of Justice clarification is included in the Appendices.

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Refugee Health Screening Program

Refugees are persons who cannot return to their country of origin because of fear of persecution or death. Immigrants are persons who are here of their own free will and can return to their country of origin without fear. Refugees who arrive in Chicago are mandated by state law to obtain health services immediately through the Refugee Health Screening Program.

The Refugee Health Screening Program provides health screenings for newly arrived refugees of all ages through the identification, treatment, and follow up of observed health problems. This includes treatment by adult and pediatric practitioners and specialists as needed. The Refugee Health Screening Program also offers health education, counseling about their medical status, translations, and patient advocacy services to meet the special medical, cultural, and social needs.

Every year thousands of refugees find new homes in Chicago. Each refugee population brings with them not only their culture and customs, but also different beliefs that shape their behavior toward health care.

Uptown Neighborhood Health Center is the only CDPH clinic that provides Refugee Health Screening services. There are also private clinics that provide health services to refugees. Staff at the Uptown Neighborhood Health Center speak more than 33 different languages and English. Staff are very compassionate, helpful, and respectful of other cultures. They have the skills and training to enable the clinic medical providers and other staff to successfully complete the screening and treatment process for patients that are refugees.

The Refugee Health Screening is free at Uptown Neighborhood Health Center.

For more information or to schedule an appointment contact:

Uptown Neighborhood Health Center
Chicago Department of Public Health
845 West Wilson Street
Chicago, Illinois 60640
312.744.1938

Legal immigrants are allowed to receive federally- or state-funded health care benefits, and enrolling will not be determined a public charge and should not affect permanent residency or citizenship applications. A summary of the Department of Justice clarification is included in the Appendices.



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All Kids

- Children age 18 or younger
- Presumptive eligibility for many new enrollees
- Comprehensive health services including prescription drugs, vision care, hearing, and dental services
- Illinois residency
- Sliding fee scale for premiums and copays
- No income limits
- No immigrant status qualifiers

All uninsured children age 18 or younger that live in the state of Illinois are eligible for health care through All Kids.

Eligibility for All Kids is determined by age and Illinois residency not by family income or immigration status.

All Kids health care coverage offers comprehensive health care benefits for all Illinois children age 18 or younger. Benefits are comparable to those in Medicaid and SCHIP and include: doctor's visits, hospital stays, prescription drugs, vision care, dental care, screenings, and medical devices like eyeglasses and asthma inhalers. All Kids enrollees may choose between Illinois Health Connect, the state's primary care case management program, and health maintenance organization [HMO] coverage for services.

All Kids has eight separate coverage categories. All Kids Assist for enrollees with family income to 133 percent FPL, All Kids Share for enrollees with family income above 133 percent FPL but no more than 150 percent FPL, and All Kids Premium for enrollees with family income above 150 percent FPL.

To qualify for All Kids a child must be uninsured and have been uninsured for a limited period of time prior to enrollment. For those applying prior to July 1, 2006, the child must have been uninsured for six months. For those applying on or after July 1, 2006, the child must have been uninsured for one year. Exceptions will be made for children that lost coverage due to job loss by a parent or by having a TANF parent that earned their way out of previous coverage.

Applications for All Kids may be completed in English or Spanish online at www.allkidscovered.com. The All Kids website has information about All Kids in ten languages. Consumers may also contact All Kids at 800.ALL.KIDS or online at



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www.allkidscovered.com to determine the costs for covering their children through All Kids or to find a local All Kids Application Agent.

More than 900 All Kids Application Agencies in Illinois will assist parents and caretakers in applying for All Kids and FamilyCare. Application agents in Chicago include the Chicago Department of Public Health clinics and Office of Health Care Access, local offices of the Illinois Department of Human Services, WIC office locations, and community health centers. All Kids Application Agents help parents with the enrollment process and send the completed application to the state central All Kids unit in Springfield for approval.

Legal immigrants are allowed to receive federally- or state-funded health care benefits, and enrolling will not be determined a public charge and should not affect permanent residency or citizenship applications. A summary of the Department of Justice clarification is included in the Appendices.

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FamilyCare

- Parents and caregivers of children in All Kids Assist, Share, and Premium 1
- Comprehensive health services
- Illinois residency
- Income to 185 percent FPL
- Legal immigrant for at least 5 years or prior to August 22, 1996

Illinois FamilyCare is a health insurance program available to parents or relative caretakers of a child eligible for All Kids. FamilyCare eligibility is open to Illinois residents who are U.S. citizens or permanent legal immigrants who have resided in the U.S. for at least 5 years, do not live in a public institution, and have income at or below 185 percent FPL. Family Care provides the same benefits as All Kids.

Pregnant women are eligible for prenatal, delivery, and postpartum care regardless of immigration status.

FamilyCare has four coverage categories, FamilyCare Assist, Share, Premium, and Rebate, based on income. FamilyCare Rebate provides a monthly subsidy to offset the cost of private health care coverage.

Additional information is on the FamilyCare website at www.familycareillinois.com or available through the FamilyCare hotline at 866.468.7543. Applicants can apply online at www.familycareillinois.com or www.allkidscovered.com.

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Medicaid

- Children, custodial adults, seniors, and people with disabilities
- Comprehensive health services
- Illinois residency
- Asset standards
- Income limits
- Legal immigrant for at least 5 years or prior to August 22, 1996

Illinois Medicaid eligibility is based on state income and asset standards. Eligibility groups, described in detail below, include: children to age 19 or younger, pregnant women, adults with dependent children, and people with disabilities, or that are blind, or are age 65 or older.

Medicaid enrollees that have income and assets above the limits may still qualify for the program. This is called “spend down” and extends the program to many low-income families and individuals. These people on spend down pay a portion of their medical expenses until they reach a specified amount each month, and then Medicaid pays the remainder of medical expenses for the rest of the month.

Categories of people that meet eligibility requirements for Medicaid are:

- Custodial adults and children that qualify for **Temporary Assistance for Needy Families [TANF]**, which provides income assistance and other services, and meet the Medicaid eligibility criteria may receive Medicaid coverage. Although the *Personal Responsibility and Work Opportunity Reconciliation Act of 1996* de-linked Medicaid from federal welfare programs, the State of Illinois extends Medicaid coverage to those receiving TANF benefits. All states must extend Medicaid to families with children who meet the eligibility criteria that states had in effect under their AFDC programs as of July 16, 1996.
- **Aid to the Aged, Blind and Disabled [AABD]** eligibility is based on the following criteria: People with disabilities, or that are blind, or that are age 65 or older. The population largely coincides with that covered under the Federal Supplemental Security Income [SSI] program. Although most Medicaid enrollees in this group are 65 years of age or older, children are also eligible if they met one of the other two criteria. Those eligible for AABD cash also receive medical assistance through Medicaid.
- **Foster Care/Adoption Care Assistance** confers Medicaid eligibility to children for whom the Illinois Department of Children and Family Services [DCFS] or the Illinois



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Department of Correction [DOC] has legal responsibility. The Department of Children and Family Services [DCFS] is responsible for the administration of the Foster Care/Adoption Care Assistance Program. Medical assistance is also available to Title IV-E eligible foster care/adoption assistance for children from other states that are living in Illinois. Medical assistance coverage is provided through Illinois Medicaid and the other state provides the adoption or foster care cash assistance payment.

- The **Repatriate Program** confers Medicaid eligibility to U.S. citizens with families returned to the U.S. from another country by the Department of State. People must be referred by the U.S. Department of State through the repatriate branch of the U.S. Department of Health and Human Services to be eligible. Information on the Repatriate Program is contained in the Appendices.
- The **Refugee Resettlement Program** confers Medicaid eligibility to individuals who are refugees and do not meet the requirements for TANF or AABD assistance. Information on the Resettlement Program is contained in the Appendices.

Those eligible under the Refugee Resettlement Program are:

- people admitted to the U.S. as refugee, asylees, or conditional entrants
- resident non-citizens who were formerly refugees
- Amerasian immigrants from Vietnam
- nationals of Cuba or Haiti
- members of the Hmong or Highland Laotian tribes when the tribe helped U.S. personnel by taking part in a military or rescue operation during the Vietnam era
- American Indians born in Canada
- people identified as victims of trafficking by the federal Office of Refugee Resettlement, and
- people that are a spouse, widow, or child of a U.S. citizen or legal permanent resident who have been battered or subjected to extreme cruelty by the U.S. citizen or legal permanent resident.

Presumptive Eligibility

Children age 18 or younger are presumptively eligible [PE] for coverage when an application is received and the following conditions are met:

- declared family income is no more than 200 percent FPL;
- the child did not start receiving PE coverage within the prior 12 months; and



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- the staff processing the application has no knowledge that the child does not meet federal immigration requirements.

A child with PE receives identical benefits to those enrolled in All Kids Assist.

Information on Presumptive Eligibility is contained in the Appendices.

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Medicare

- Seniors and people with disabilities
- Hospital services [Part A]
- Doctor's visits [Part B]
- Medicare Advantage [Part C]
- Prescription Drug Coverage [Part D]
- Pay into Medicare for 10 years
- Legal immigrant for at least 5 years or prior to August 22, 1996

Medicare is federally financed public health care coverage for people 65 and older and people with disabilities. To be eligible, a person must be 65 years old, or have received disability coverage through Social Security for at least 24 months prior to applying, and have paid into Medicare for 10 years

- Medicare Part A provides coverage for in-patient care for Medicare beneficiaries.
- Medicare Part B provides coverage for outpatient care for Medicare beneficiaries.
- Medicare Part C provides coverage for in-patient and outpatient care and, in some cases prescription drugs, through a Medicare Advantage managed care organization.
- Medicare Part D provides coverage for prescription drugs.

People turning 65 may apply for Medicare during the three months prior to their 65th birthday, during the month of their 65th birthday, or during the three months after their 65th birthday.

People with disabilities may apply for Medicare after they have received Social Security disability benefits for 24 months.

Information on all Medicare programs is available at www.medicare.gov or 800.MEDICARE.

MyMedicare.gov is Medicare's secure online service for accessing personalized Medicare information. As a registered user of MyMedicare.gov, a Medicare beneficiary has access to personalized information regarding their Medicare benefits and services. MyMedicare.gov provides access to:

- Claim status except Part D claims
- Order a duplicate Medicare Summary Notice [MSN] or replacement Medicare card



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- View eligibility, entitlement, and preventive services information
- View enrollment information including prescription drug plans
- View or modify drug list and pharmacy information
- View their address of record with Medicare and Part B deductible status, and
- Access online forms, publications, and messages sent by CMS.

MyMedicare.gov is available at www.MyMedicare.gov.

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Medicare Savings Programs [QMB, SLMB, QI]

- Medicare beneficiary
- Income limits
- Asset limits
- Illinois residency
- Legal immigrant for at least 5 years or prior to August 22, 1996

The Medicare Savings Programs, QMB, SLMB, and QI, provide premium, copay, and deductible assistance to low income Medicare beneficiaries.

- QMB pays for Medicare Part A and Part B premiums, copays and deductibles for Medicare beneficiaries with income to 100 percent FPL.
- SLMB pays only Part B premiums for Medicare beneficiaries with income from 101 to 120 percent FPL.
- QI pays only Part B premiums for Medicare beneficiaries with income from 121 to 135 percent FPL. Medicaid enrollees are not eligible for QI.

The Part B premium for 2007 will be \$98.40.

Assets are limited to \$4,000 for an individual and \$6,000 for a couple. Assets do not include the primary home or first car. Life insurance or a burial fund to \$1,500 is also excluded.

Beneficiaries apply at their local Illinois Department of Human Services Family and Community Resource Centers [formerly local offices] in their communities.

Legal immigrants are allowed to receive federally- or state-funded health care benefits, and enrolling will not be determined a public charge and should not affect permanent residency or citizenship applications. A summary of the Department of Justice clarification is included in the Appendices.

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The Providers



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Community Health Centers

- Serve as a medical home
- Provide comprehensive medical services
- Often have a sliding fee scale based on income
- Refer to specialists
- Have relationships with hospitals and some HMOs
- Many have in-house pharmacies
- Assist with private and public medical program enrollment
- Offer language and translation services

The community health center network connects immigrants to health care and has become a recognized extension of the public health system in Chicago.³³

There are 81 community health centers in Chicago. A map and comprehensive listing of community health centers follows.

The Chicago Department of Public Health has 5 comprehensive neighborhood health centers, 2 maternal and child health centers, 12 mental health centers, 5 HIV/STD prevention and care centers, and 9 fast track immunization sites throughout the city.

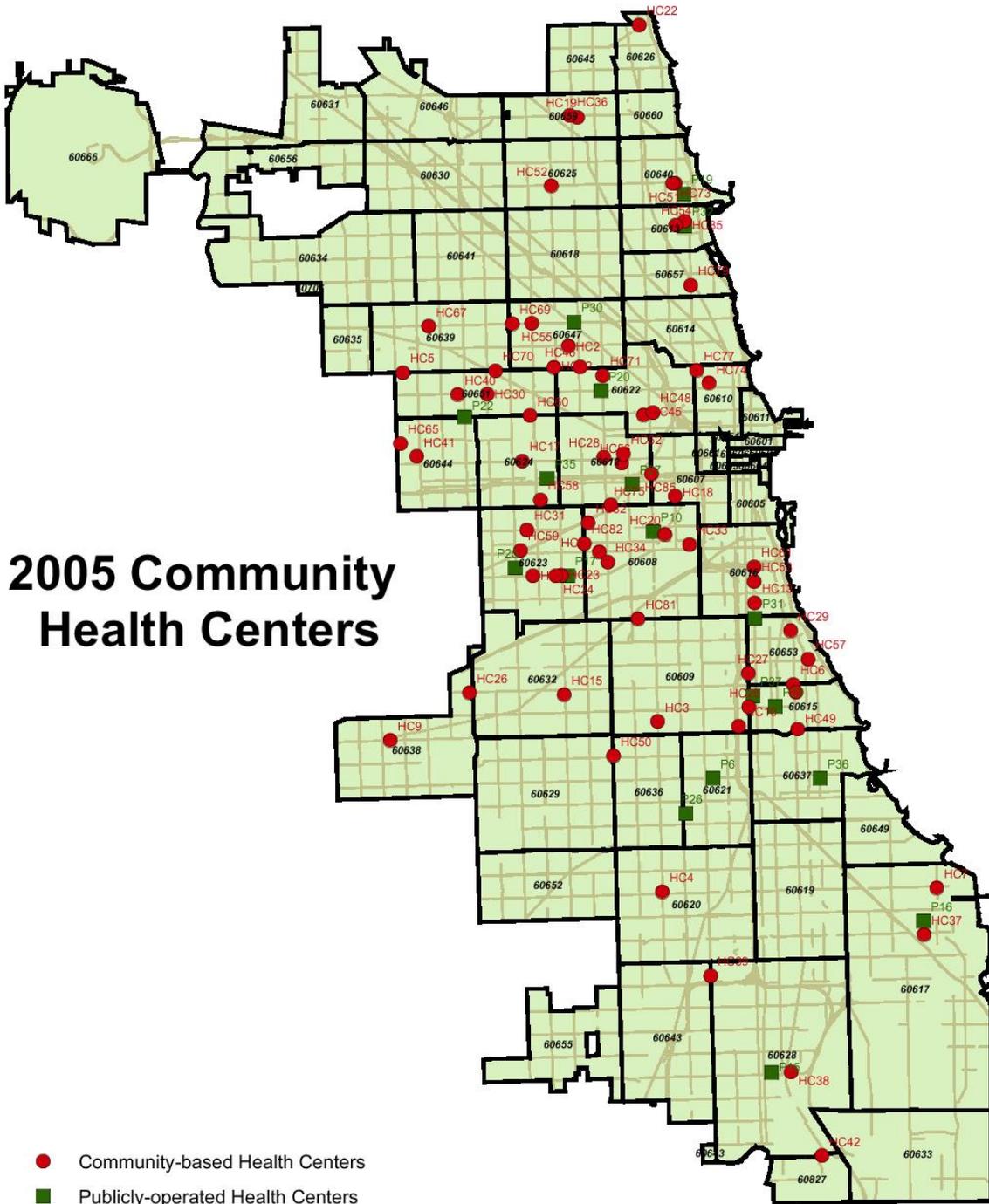
The Cook County Bureau of Health Services has 21 ambulatory and community health centers in Chicago and 9 in suburban Cook County

³³ *Issue Brief*, National Association of County and City Health Organizations, Issue 4, No. 1.



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2005 Community Health Centers

- Community-based Health Centers
- Publicly-operated Health Centers



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Chicago Community Health Centers

Facility	Map Index	Address	ZIP Code	Phone
Near West Family Health Center	HC18	1158 W. Taylor	60607	[312] 455-8640
Sidney Hillman Health Centre	HC85	333 S. Ashland	60607	[312] 738-6175
Pilsen Family Health Center	HC20	1817 S. Loomis	60608	[312] 666-6511
Plaza Medical Center	HC21	2507 W. Cermak	60608	[773] 523-0900
Kling Medical Center	HC32	2720 W. 15 th St.	60608	[773] 257-6892
Alivio Medical Center – Morgan	HC33	966 W. 21 st St.	60608	[773] 254-1400
Alivio Medical Center – Western	HC34	2355 S. Western	60608	[773] 254-1400
Near West Family Center	HC75	2310 W. Roosevelt	60608	[312] 996-2000
Centro de Salud Esperanza	HC82	2001 S. California	60608	[773] 584-6200
Lower West Side Neighborhood Health Center	P10	1713 S. Ashland	60608	[312] 746-7831
Ashland Family Health Center	HC3	5256 S. Ashland	60609	[773] 434-9216
Grand Boulevard Family Health Center	HC10	5401 S. Wentworth	60609	[773] 288-6900
South State Family Health Center	HC25	5050 S. State	60609	[773] 624-2700
Taylor Family Health Center	HC27	4501 S. State	60609	[773] 548-0800
Cabrini Family Health Center	HC81	1858 W. 35 th St.	60609	[773] 523-1000
Winfield Moody Health Center	HC74	1276 N. Clybourn	60610	[312] 337-1073
Flannery Senior Clinic	HC77	1531 N. Clybourn	60610	[312] 664-9920
Warren Family Health Center	HC28	2409 W. Warren	60612	[312] 773-4475
James Jordan Family Life Center	HC56	2102 W. Monroe	60612	[312] 996-2000
Mile Square Health Center	HC62	2045 W. Washington	60612	[312] 996-2000
Fantus Health Center of Cook County	P27	621 S. Winchester	60612	[312] 864-6126
American Indian Health Services of Chicago, Inc.	HC35	4085 N. Broadway	60613	[773] 883-9100
Howard Brown Health Center	HC54	4025 N. Sheridan	60613	[773] 388-1600
Northside Health Center of Cook County [Thorek]	P32	850 W. Irving Park Rd.	60613	[773] 975-3262
Friend Family Health Center	HC49	800 E. 55 th St.	60615	[773] 702-0660
Cottage View Health Center	HC76	4829 S. Cottage Grove	60615	[773] 548-1170
John Sengstacke Health Center of Cook	P29	450 E. 51 st St.	60615	[312] 572-2900



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Facility	Map Index	Address	ZIP Code	Phone
County				
Hayes Health Center of Cook County	P37	4859 S. Wabash	60615	[773] 268-4305
ACCESS @ Illinois Eye Institute	HC13	3241 S. Michigan	60616	[312] 949-7770
Henry Booth House Family Health Center	HC53	2850 S. Michigan	60616	[312] 949-2177
Mercy Family Health Center	HC61	2525 S. Michigan	60616	[312] 567-2237
Brandon Family Health Center	HC7	8300 S. Brandon	60617	[773] 721-7600
Chicago Family Health Center – South Chicago	HC37	9119 S. Exchange	60617	[773] 768-5000
South Chicago Maternal & Child Health Center	P16	2938 E. 89 th St.	60617	[312] 747-5285
Auburn Gresham Family Health Center	HC4	8234 S. Ashland	60620	[773] 874-1400
Englewood Neighborhood Health Center	P6	641 W. 63 rd St.	60621	[312] 747-7831
Englewood Health Center of Cook County	P26	1135 W. 69 th St.	60621	[773] 483-5011
Erie West Town Health Center	HC45	1701 W. Superior	60622	[312] 666-3494
Erie Teen Health Center	HC48	1523 W. Chicago	60622	[312] 666-3494
PrimeCare Community Health, Inc. – West Town	HC71	1431 N. Western	60622	[312] 633-5841
West Town Neighborhood Health Center	P20	2418 W. Division	60622	[312] 744-0943
Centro Medico Family Health Center	HC8	3700 W. 26 th St.	60623	[773] 542-5203
San Rafael Family Health Center	HC23	3204 W. 26 th St.	60623	[773] 927-3100
Servicios Medicos La Villita Family Health Center	HC24	3303 W. 26 th St.	60623	[773] 277-6589
Westside Family Health Center	HC31	3752 W. 16 th St.	60623	[773] 762-2435
Lawndale Christian Health Center – Ogden	HC59	3860 W. Ogden	60623	[773] 843-3001
South Lawndale Maternal & Child Health Center	P17	3059 W. 26 th St.	60623	[312] 747-0066
Dr. Jorge Prieto Health Center of Cook County	P25	2424 S. Pulaski	60623	[773] 521-0750
Madison Family Health Center	HC17	3800 W. Madison	60624	[773] 826-6600
Lawndale Christian Health Center – Homan Square	HC58	3517 W. Arthington	60624	[773] 843-3002
Westside Health Center of Cook County	P35	3410 W. Van Buren	60624	[773] 265-2800
Erie Helping Hands Health Center	HC52	4759 N. Kedzie	60625	[312] 666-3494
Rogers Park Family Health Center	HC22	1555 W. Howard	60626	[773] 764-7146



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TCA Health, Inc. – NFP	HC42	1029 E.130 th St.	60627	[773] 995-6300
Chicago Family Health Center – Roseland	HC38	556 E. 115 th St.	60628	[773] 785-6800
Christian Community Health Center	HC39	9718 S. Halsted	60628	[773] 233-4100
Roseland Neighborhood Health Center	P15	200 E. 115 th St.	60628	[312] 747-9500
KedzieFamily Health Center	HC15	3213 W. 47 th Place	60632	[773] 254-6044
Friend Family Health Center – West	HC50	5843 S. Western	60636	[773] 737-6348
Woodlawn Health Center of Cook County	P36	6337 S. Woodlawn	60637	[773] 753-5500
Doctors Medical Group	HC9	6240 W. 55 th St	60638	[773] 284-2200
Southwest Family Health Center	HC26	4839 W. 47 th St.	60638	[773] 735-2345
Austin Family Health Center	HC5	5835 W. North	60639	[773] 745-1200
PCC – Salud Family Health Center	HC67	5359 W. Fullerton	60639	[773] 836-2785
PrimeCare Community Health, Inc. – Northwest	HC70	4235 W. North	60639	[773] 278-6868
Heartland Health Outreach	HC51	1015 W. Lawrence	60640	[773] 275-9032
Heartland International Health Center	HC73	1015 W. Lawrence	60640	[773] 275-2060
Uptown Neighborhood Health Center	P19	845 W. Wilson	60640	[312] 744-1938
Circle Family Care – Parkside	HC41	115 N. Parkside	60644	[773] 921-9669
PCC – Austin Family Health Center	HC65	335 N. Mason	60644	[773] 378-3347
Armitage Family Health Center	HC2	2957 W. Armitage	60647	[773] 772-4319
Humboldt Park Family Health Center	HC12	3202 W. North	60647	[773] 489-6333
Erie Humboldt Park Health Center	HC46	2750 W. North	60647	[312] 666-3494
Infant Welfare Society of Chicago	HC55	3600 W. Fullerton	60647	[773] 782-2800
PrimeCare Community Health, Inc. – Fullerton	HC69	3924 W. Fullerton	60647	[773] 252-3122
Logan Square Health Center of Cook County	P30	2840 W. Fullerton	60647	[773] 745-1200
West Division Family Health Center	HC30	4401 W. Division	60651	[773] 252-3122
Circle Family Care – Division	HC40	4909 W. Division	60651	[773] 921-8100
Louise Landau Community Health Center	HC60	3645 W. Chicago	60651	[773] 826-3450
Austin Health Center of Cook County	P22	4800 W. Chicago	60651	[773] 826-9600
Booker Family Health Center	HC6	654 E. 47 th St.	60653	[773] 624-4800
Wells Family Health Center	HC29	3747 S. Cottage Grove	60653	[773] 536-1000
Komed Holman Health Center	HC57	4259 S. Berkeley	60653	[773] 268-7600



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Near South Health Center of Cook County	P31	3525 S. Michigan	60653	[312] 945-4010
Triad Health Practice	HC79	3000 N. Halsted	60657	[773] 296-8400
Peterson Family Health Center	HC19	2655 W. Peterson	60659	[773] 271-8880
Asian Human Services Family Health Center	HC36	2820 W. Peterson	60659	[773] 293-8454



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Cook County Bureau of Health Services

<p><u>John H. Stroger Hospital of Cook County:</u></p> <p>1901 W. Harrison Chicago, IL 60612-3785 312-864-5500</p> <p><u>Cermak Health Services:</u></p> <p>1835 W. Harrison Chicago, IL 60612-3785 773-890-5641</p> <p><u>Oak Forest Hospital:</u></p> <p>15900 S. Cicero Ave. Oak Forest, IL 60452-4006 708-633-2000</p>	<p style="text-align: right;"><u>Provident Hospital:</u></p> <p style="text-align: right;">500 E. 51st Street Chicago, IL 60615 312-572-1200</p> <p style="text-align: right;"><u>Department of Public Health:</u></p> <p style="text-align: right;">1010 Lake Street, Suite 300 Oak Park, IL 60301 708-492-2010</p> <p style="text-align: right;"><u>Ambulatory & Community Health Network of Cook County:</u></p> <p style="text-align: right;">30 clinics throughout Cook County see separate listing for location and contact information</p>
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Cook County Ambulatory and Community Health Network

Clinic Name	Address	City	State	Zip	Phone	Fax
Salvation Army Freedom Center	1515 W. Monroe	Chicago	IL	60607	312-733-0500	312-421-6930
Dawson/Ford Beethoven Adolescent Health Center	25 W. 47th Street	Chicago	IL	60609	773-536-5700	773-536-5704
CORE Center	2020 W. Harrison	Chicago	IL	60612	312-572-4500	312-572-4504
Fantus Health Center	621 S. Winchester Ave	Chicago	IL	60612	312-633-7292	312-633-5335
Huginnie Crane Adolescent Health Center	2245 W. Jackson	Chicago	IL	60612	312-829-6619	312-829-6620
Northside Health Center of Cook County [Thorek]	850 W. Irving Park Road	Chicago	IL	60613	773-975-3262	773-975-3255



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Hayes/Center for Successful Child Development	4859 S. Wabash	Chicago	IL	60615	773-268-4305	773-268-4339
Sengstacke Health Center	450 E. 51st Street	Chicago	IL	60615	312-572-2900	312-572-2943
Southside Children's Health Center	500 E. 51st Street, 6th Flr.	Chicago	IL	60615	312-572-1543	312-572-2686
Southside OB/Gyne Center	500 E. 51st Street, 6th Flr.	Chicago	IL	60615	312-572-2792	312-572-1173
Englewood Family Health Center	641 W. 63rd Street	Chicago	IL	60621	773-723-1814	773-487-6492
Bond School [Adolescent Health Center]	7050 S. May Street	Chicago	IL	60621	773-723-3766	773-535-3433
Jorge Prieto Health Center	2424 S. Pulaski	Chicago	IL	60623	773-522-5660	773-762-1758
Cook County Westside Health Center	3435 W. Van Buren	Chicago	IL	60624	773-265-5428	773-265-5070
Orr High School Based Clinic	730 N. Pulaski, Room 103	Chicago	IL	60624	773-638-5454	773-638-5456
Woodlawn Adult Health Center	6337 S. Woodlawn	Chicago	IL	60637	312-747-7705	773-955-4758
PATH-Project for Austin Teen Health/Austin High	231 N. Pine Street, #133B	Chicago	IL	60644	773-854-3827	773-854-3826
Logan Square Health Center	2840 W. Fullerton	Chicago	IL	60647	773-292-6250	773-292-7493
Austin/Cook County Health Center	4909 W. Division	Chicago	IL	60651	773-854-8000	773-854-8015
Near South Health Center	3525 S. Michigan Ave.	Chicago	IL	60653	312-949-2200	312-949-2229
Maywood Primary Health Care	1701 S. First Ave.	Maywood	IL	60153	708-344-6052	708-450-2852
Cottage Grove Medical	1645 Cottage	Ford	IL	60411	708-752-8888	708-752-8865



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Center	Grove Ave	Heights				
Bogan DuSable Adolescent Health Center	4934 S. Wabash, Room 165	Chicago	IL	60615	773-548-3208	773-548-6545
South Suburban After Hours Care Center	15900 S. Cicero	Oak Forest	IL	60452	708-633-2273	708-633-4257
South Suburban Specialty Clinic	15900 S. Cicero	Oak Forest	IL	60452	708-633-4225	708-633-4257
Woody Winston Health Center	650 E. Phoenix Center Drive	Phoenix	IL	60452	708-331-3143	708-333-2843
Robbins Health Center	13450 S. Kedzie	Robbins	IL	60472	708-293-2400	708-293-2395
Vista Health Center - Palatine	1585 Rand Road	Palatine	IL	60074	847-934-7969	
Cicero Health Center	5912 W. Cermak	Cicero	IL	60804	708-780-6405	708-780-3970
Morton East Adolescent Health Center	2423 S. Austin Blvd.	Cicero	IL	60804	708-656-1130	708-656-1129



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Hospitals

- Cook County hospitals
- Emergency services at other hospitals
- Social Security or immigration information not required
- Assistance with private and public medical program enrollment
- Language/translation services available

Immigrants often live in neighborhoods that have fewer hospitals and pharmacies.



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Hospitals in Chicago

HOSPITAL	PHONE	ADDRESS	ZIP
Advocate Bethany Hospital	773-265-7700	3435 West Van Buren Street	60624
Advocate Illinois Masonic Medical Center	773-975-1600	836 West Wellington Avenue	60657
Advocate Trinity Hospital	773-967-2000	2320 East 93rd Street	60617
Chicago Lakeshore Hospital	773-878-9700	4840 North Marine Drive	60640
Children's Memorial Hospital	773-880-4000	2300 Children's Plaza	60614
Holy Cross Hospital	773-884-9000	2701 West 68th Street	60629
Jackson Park Hospital and Medical Center	773-947-7500	7531 Stony Island Avenue	60649
Jesse Brown Department of Veterans Affairs	312-569-8387	820 South Damen Avenue	60612
John H. Stroger Jr. Hospital of Cook County	312-864-6000	1901 West Harrison Street	60612
Kindred Chicago Central Hospital	773-736-7000	4058 West Melrose Avenue	60641
Kindred Chicago Lakeshore	773-381-1222	6130 North Sheridan Road	60660
Kindred Hospital Chicago North	773-267-2622	2544 West Montrose Avenue	60618
La Rabida Children's Hospital & Research	773-363-6700	East 65th Street at Lake	
Lincoln Park Hospital	773-883-2000	550 Webster Avenue	60614
Loretto Hospital	773-626-4300	645 South Central Avenue	60644
Mercy Hospital and Medical Center	312-567-2000	2525 South Michigan Avenue	60616
Methodist Hospital of Chicago	773-271-9040	5025 North Paulina Street	60640
Mount Sinai Hospital	773-542-2000	California Avenue at 15th	60608
Northwestern Memorial Hospital	312-926-2000	251 East Huron Street	
Norwegian-American Hospital	773-292-8200	1044 North Francisco Avenue	60622
Our Lady of the Resurrection Medical Center	773-282-7000	5645 West Addison Street	
Provident Hospital of Cook County	312-572-2000	500 East 51st Street	60615
Rehabilitation Institute of Chicago	312-238-1000	345 East Superior Street	60611
Resurrection Medical Center	773-774-8000	7435 West Talcott Avenue	60631



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HOSPITAL	PHONE	ADDRESS	ZIP
Roseland Community Hospital	773-995-3000	45 West 111th Street	60628
Rush University Medical Center	312-942-5000	1653 West Congress Parkway	60612
Sacred Heart Hospital	773-722-3020	3240 West Franklin Boulevard	60624
Saint Anthony Hospital	773-484-1000	2875 West 19th Street	60623
Saint Bernard Hospital and Health Care Ctr	773-962-3900	326 West 64th Street	60621
Saint Elizabeth Hospital	773-278-2000	1431 North Claremont	60622
Saint Joseph Hospital	773-665-3000	2900 North Lake Shore Drive	60657
Saint Mary of Nazareth Hospital Center	312-770-2000	2233 West Division Street	60622
Schwab Rehabilitation Hospital	773-522-2010	1401 South California	60608
Shriners Hospital for Children	773-622-5400	2211 North Oak Park Avenue	
South Shore Hospital	773-356-5000	8012 South Crandon Avenue	60617
Swedish Covenant Hospital	773-878-8200	5145 North California Avenue	60625
The University of Illinois at Chicago Medical	312-355-4000	1740 West Taylor Street	
Thorek Hospital and Medical Center	773-525-6780	850 West Irving Park Road	60613
University of Chicago Hospitals	773-702-1000	5841 South Maryland Avenue	60637
Weiss Memorial Hospital	773-878-8700	4646 North Marine Drive	60640



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Internet Links to Services

- All Kids www.allkidscovered.com
- Medicaid, FamilyCare, Moms and Babies/MPE, I-Save Rx, Illinois Rx Buying Club, Katrina www.hfs.illinois.gov
- Medicare www.medicare.gov
- “Extra Help” for Medicare Part D www.socialsecurity.gov
- PhRMA prescription assistance programs www.pparx.org/Intro.php
- Illinois Breast and Cervical Cancer Program www.cancerscreening.illinois.gov and www.idph.state.il.us/about/womenshealth/owh.htm
- Illinois Healthy Women www.illinoishealthywomen.com/
- National Immigration Law Center’s Guide to Immigrant Eligibility for Federal Programs www.nilc.org/pubs/Guide_promo.htm
- Office of Health Care Access www.cityofchicago.org/Health/

Computers and Internet access are available at all Chicago Public Libraries during business hours.



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Chicago Department of Public Health

- 5 comprehensive community health centers
- 2 maternal and child health centers
- 6 HIV/STD prevention and care centers
- 12 community mental health centers
- 9 fast track immunization sites

Services at No Charge Chicago Department of Public Health

- Refugee screening
- Immunizations and Hepatitis vaccinations
- TB testing and DOT [directly observed therapy]
- Lead poisoning screening
- Pregnancy testing
- STD/HIV/AIDS testing, counseling, and treatment including primary care, mental health, and dental
- Public health nursing
- Family case management

Office of Health Care Access

312.745.CARE

CAREline@cdph.org

- CAREline consumer call center
- Advocacy on health care issues
- Educational activities for consumers and community partners
- Enrollment assistance for public health care programs
- Disenrollment assistance for Medicaid HMO members
- Medicaid and Medicare policy
- Health care and consumer data reporting
- Investigation of consumer health care problems
- www.cityofchicago.org/Health/



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